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TITLE: The Effect of Emotional Disclosure Interventions on  
Psychological and Physical Well-Being of Breast Cancer  
Patients

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<b>13. ABSTRACT (Maximum 200 Words)</b>  Breast cancer is the second leading cause of cancer death in women in the United States and thus it is important to study the psychosocial impact of treating this disease. A large body of literature supports the health benefits associated with both written and oral disclosure of emotional traumas in healthy populations. The proposed research is a controlled, randomized trial to test the effectiveness of two types of emotional disclosure interventions. Early stage newly diagnosed breast cancer patients are randomly assigned to one of three conditions: cancer-specific disclosure, non-cancer related disclosure, or a control. During the intervention, participants write on three occasions about either their deepest thoughts and feelings about their cancer diagnosis and treatment, their deepest thoughts and feelings about a non-cancer related traumatic event, or a superficial topic. Ninety-six women with breast cancer agreed to be in the study. Measures of physical and emotional well-being were collected via telephone at baseline, one month, and six months following the intervention. A five-month no-cost extension has been requested in order to complete the data analysis. Preliminary results will be presented at the DOD Era of Hope meeting in Orlando, FL on September 28, 2002.				
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## Table of Contents

Cover.....	1
SF 298 .....	2
Table of Contents .....	3
Introduction .....	4
Body .....	5
Key Research Accomplishments .....	5
Reportable Outcomes .....	6
Conclusions .....	N/A
References.....	N/A
Appendices.....	N/A

## INTRODUCTION

Breast cancer is the second leading cause of cancer death in women in the United States and thus it is important to study the psychosocial impact of treating this disease and potential ways to improve women's quality of life during treatment. A large body of literature supports the health benefits associated with both written and oral disclosure of emotional traumas in healthy populations. However, no published studies have investigated the effects of writing about emotional topics in breast cancer patients. The proposed research is a controlled, randomized trial to test the effectiveness of two types of emotional disclosure interventions (writing about cancer-specific concerns versus writing about non-cancer related concerns). Early stage, newly diagnosed breast cancer patients were randomly assigned to one of three conditions: cancer-specific disclosure, non-cancer related disclosure, or a control. Measures of physical and emotional well-being were collected via telephone at baseline, one month, and six months following the intervention. Medical charts were reviewed to collect information about date of diagnosis, stage of cancer, type of surgery, type of treatment regime, and duration of treatment. During the intervention, participants wrote on three occasions at the beginning of their treatment about either their deepest thoughts and feelings about their cancer diagnosis and treatment, their deepest thoughts and feelings about a non-cancer related traumatic event, or a superficial topic. The results from this study have important implications for psychosocial care of breast cancer patients and may inform future interventions for improving women's health and quality of life during treatment.

## BODY—ANNUAL SUMMARY

During patient recruitment, 96 women gave consent for the study. Twelve women withdrew (reasons given were “changed mind,” “lack of time,” and “feel too ill to participate”). Medical charts for all 96 patients who initially consented have been reviewed. Eight patients are still being contacted for the six month follow-up. Data entry has been on-going and data analyses are in progress. Preliminary analyses have been conducted to determine the characteristics of the sample and to examine the effect of social constraints on quality of life. Numerous studies have documented the benefits of positive social support on breast cancer patients. However, social relationships can have negative effects in addition to their supportive functions. Upsetting or distressing responses to patients have rarely been studied. Recent research on social constraints, the negative exchanges which prevent individuals from disclosing their thoughts and feelings, suggests a relationship between social constraints and distress in women who had children who died from SIDS. The purpose of the current study was to examine the effect of social constraints on anxiety and depression in breast cancer patients.

The mean age of the sample was 55.83 years ( $SD = 11.88$ ). Over 20 percent of the sample was African American 76% was Caucasian, one woman was Latina, and one woman was Native American. A sizeable minority of the women had less than or equal to a high school education (38.2%). Over half of the women were employed full or part-time at the time of their diagnosis (55.2%). In our sample, social constraints at the baseline interview was related to anxiety [ $t(58) = 6.96, p < .001$ ], and depression [ $t(58) = 4.95, p < .001$ ] at the one-month follow-up interview. These results suggest the need for interventions to reduce social constraints and to identify outlets for women who are unable to disclose their thoughts and feelings to their family and friends.

An unexpected difficulty has been in the slow accrual rate of participants, reducing the sample size from the expected 150 to 96 total women. No other changes have been made in the proposal since its previous approval by the IRB and no adverse events have occurred. Subjects are being notified by mail or telephone of the change in the office that they may contact regarding their rights as research subjects (VCU IRB instead of WIRB). The results from this study have important implications for psychosocial care of breast cancer patients and may inform future interventions for improving women's health and quality of life during treatment.

### Key Research Accomplishments

- 96 women enrolled in study
- 75 one month follow-up
- 76 six month follow-up
- Preliminary analyses on sample characteristics and social constraints
- Literature review updated

## Reportable Outcomes

Dissertation defense planned for December 2002. Applied for and accepted post-doctorate at the Lombardi Cancer Center at Georgetown University in Cancer Control program.